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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 1737.073REI0/LEA/VLC
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Shah et al.		
Patent Number 6,248,127	Date Patent Issued June 19, 2001	
Title of Invention THROMBORESISTANT COATED MEDICAL DEVICE		
1. ☑ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)		
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.		
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".		
The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.		
The assignee(s) owning an undivided interest in said original patent is Medtronic AVE, Inc., and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)		
Signature min 11—		
Typed or printed name and title of person signing for assignee (if assigned) Michael J. Jaro, Patent Legal Counsel, Registration No.		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.